## ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH County ARIZONA District or Township No. 18 Warrion Carry on Warr (II birth occurred in a hospital or institution, give its NAME instead of street and number, Cabalialla If child is not yet named, make 2. Full name of child ] supplemental report, as directed! 3. Sex of Child To be answered ONLY 4. Twin, triplet or other..... 6. Legitimate ? 7. Date of birth Nov 2 in event of plural 5. No., in order of birth.... Month Year 14. MOTHER Full maiden name 9. Residence 15. Residence (Usual place of abode) Maria 18120-13 (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16. Color or race 11. Age at last birthday (Years) My: can muican 17. Age at last birthday (Years) 12. Birthplace (city or place) ..... 18. Birthplace (city or place) ..... mexico (State or country) 13. Occupation Poul Hall Proprietar (State or country) 19. Occupation Nature of Industry Nature of Industry 20. Number of children of this mother..... (a) Born alive and now living..... 21. Were precautions taken against oph-(b) Born alive but now dead ... (Taken as of time of birth of child herein thalmia neonatorum? 42 certified and including this child.) (c) Stillborn ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... (Born alive or stillborn) \*When there was no attending physician or midwife, then the father, householder. Signature ..... etc., should make this return. A stillborn child is one that neither breathes nor (Physician or midwife.) shows other evidence of life after birth. Čiven name added from day, year Filed 2 30 10 30

391-1121-199

. ()

Registrar.